



Town of Carlisle  
Building Department  
(978) 369-6689

# Demolition Release Form

## Notice to the Applicant

This form must be completed and submitted for demolition. All utility companies having service connections and/or equipment relating to this structure must issue a release stating that their respective service connections and appurtenant equipment have been removed, or sealed and plugged in a safe manner (see Section 2).

This application must be completed *in full* at the time of submittal. It is the responsibility of the applicant to provide all necessary information required by this form. Please type or print neatly.

## 1 LOCATION

No. \_\_\_\_\_ Street \_\_\_\_\_ Lot No. \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_  
Owner(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_ Lic. # \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_

## 2 UTILITY AND DEPARTMENT RELEASES

Dig Safe 1-888-344-7233

Signature \_\_\_\_\_ Name & Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

Keyspan (or other gas supplier) Gas Company: 1-800-732-3400

Signature \_\_\_\_\_ Name & Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

NStar Electric: 1-888-633-3797

Signature \_\_\_\_\_ Name & Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

Carlisle Board of Health: 978-369-0283

Signature \_\_\_\_\_ Name & Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

Carlisle Fire Department: 978-369-2242

Signature \_\_\_\_\_ Name & Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

Carlisle Police Department: 978-369-1155

Signature \_\_\_\_\_ Name & Title (please print) \_\_\_\_\_ Date \_\_\_\_\_

## 3

## CERTIFICATION (Please read before signing)

The undersigned hereby certifies that he/she has read and examined this application and that

